

# PHA 5-Year and Annual Plan

## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226  
Expires 4/30/2011

1.0 <b>PHA Information</b> PHA Name: Housing Authority of the City of Norman      PHA Code: OK139 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2010							
2.0 <b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 173		Number of HCV units: 1186					
3.0 <b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only							
4.0 <b>PHA Consortia</b>		<input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia		No. of Units in Each Program	
						PH	HCV
				PHA 1:			
				PHA 2:			
PHA 3:							
5.0 <b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.							
5.1 <b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the Housing Authority of the City of Norman is the same as the Department of Housing and Urban Development. To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.							
5.2 <b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.  Goals and Objectives: Expand the supply of assisted housing by applying for additional vouchers, reduce public housing vacancies and leverage private or public funds to create additional housing opportunities. Improve quality of assisted housing by maintaining our status as a high performer on our PHAS and SEMAP scores and continue to increase customer satisfaction. Increase assisted housing choices by outreach to potential voucher landlords and continue voucher homeownership program. Provide an improved living environment by reviewing public housing security improvements and designating developments or buildings for particular resident groups (elderly, persons with disabilities). Promote self-sufficiency and asset development of assisted households by increasing number and percentage of employed persons in assisted families. Ensure equal opportunity and affirmatively further fair housing by taking affirmative measures to ensure access to assisted housing and taking affirmative measure to provide a suitable living environment for families living in assisted housing regardless of race, color, religion, national origin, sex, familiar status and disability.  Progress: Public Housing properties have been rehabbed and are looking very much in line with non assisted properties. Vacancy rates in Public Housing are very low. Section 8 program utilization rate is high. Received more homeownership training to further our Section 8 homeownership program. Increased Section 8 program by one voucher through the DHAP programs. Continue to receive new landlords into our Section 8 program through training and outreach. Purchased 20 units through public funds to bring back affordable rental units in our area. The Housing Authority of the City of Norman is a high performer.							
6.0 <b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements have been revised other than HUD mandated changes such as income limits, payment standards and utility allowance schedules. We did retype and structure our ACOP to align with the new outline used by Nan McKay, but again no elements were changed.  (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Our 5-Year and Annual PHA Plan can be reviewed or receive a copy of at our administrative office, which is located in the same parking lot as the public housing office. Our city office is also given a copy that is placed with their plan. Also, our RAB received copies of our 5-year and Annual plan tables.							
7.0 <b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i>  The Housing Authority of the City of Norman has a Section 8 Homeownership program with two participants. The home closings were in 2004-2005 and have managed to maintain their mortgage and upkeep of their home. Hoping to increase our number in the next 12 months.  Our Section 8 Program does Project-Based Vouchers with several agencies in our area, but never exceeds the rule of no more than 20% of the baseline units. Currently we are using 9% of our baseline for Project-Based Vouchers.							

8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.
8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Public Housing waiting list currently has 42 approved applications and the Section 8 Program waiting list currently has 464 approved applications. Of these approved applications 85% are extremely low income, 58% families with children, 6% elderly families, 21% families with disabilities, 72% race/ethnicity White, 18% Black/African American, 9% American Indian and 1% Asian. The bedroom sizes needed in each waiting list is equal, except a higher need for one bedrooms in Public Housing.</p> <p>The Housing Authority of the City of Norman plans to address these needs by applying for additional Section 8 Vouchers if they become available and to continue to pursue housing resources other than public housing or Section 8 Tenant-Based assistance.</p>

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note:</b> Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	<p><b>The Housing Authority of the City of Norman</b> plans to maximize the number of affordable units available within its current resources by reducing turnover time for vacated public housing units, ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size required, maintain Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program and participate in the Consolidated Plan development process to ensure coordination with broader community strategies.</p> <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Public Housing properties have been rehabbed and are looking very much in line with non assisted properties. Vacancy rates in Public Housing are very low. Section 8 program utilization rate is high. Received more homeownership training to further our Section 8 homeownership program. Increased Section 8 program by one voucher through the DHAP programs. Continue to receive new landlords into our Section 8 program through training and outreach. Purchased 20 units through public funds to bring back affordable rental units in our area. The Housing Authority of the City of Norman is a high performer.</p> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation from the 5-Year Plan shall be a change other than HUD mandated, or required due to financial hardships of the Housing Authority of the City of Norman to include funding cuts by HUD. Shall not be for Capital Fund changes needed to address emergency repairs of items threatening the life, safety, health or property of the residents of the Housing Authority of the City of Norman.</p> <p><b>Significant Amendment or Modification of the Annual Plan</b> is anything not listed above.</p>

11.0	<b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.
	<ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul>

**RESOLUTION NUMBER NHA 06-07-020****A resolution to reduce domestic violence, dating violence, sexual assault, and stalking, and to prevent homelessness by:**

- (1) protecting the safety of victims of domestic violence, dating violence, sexual assault, and stalking who reside in homeless shelters, public housing, assisted housing, tribally designated housing, or other emergency, transitional, permanent, or affordable housing, and ensuring that such victims have meaningful access to the criminal justice system without jeopardizing such housing;
- (2) creating long-term housing solutions that develop communities and provide sustainable living solutions for victims of domestic violence, dating violence, sexual assault, and stalking;
- (3) building collaborations among victim service providers, homeless service providers, housing providers, and housing agencies to provide appropriate services, interventions, and training to address the housing needs of victims of domestic violence, dating violence, sexual assault, and stalking; and
- (4) enabling public and assisted housing agencies, tribally designated housing entities, private landlords, property management companies, and other housing providers and agencies to respond appropriately to domestic violence, dating violence, sexual assault, and stalking, while maintaining a safe environment for all housing residents.

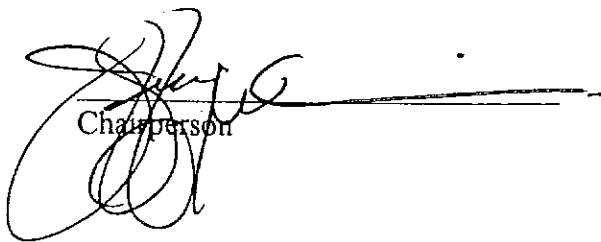
**WHEREAS**, the Norman Housing Authority recognizes the need to comply with the Violence Against Women Act; and

**WHEREAS**, the Norman Housing Authority shall adopt this act into all NHA programs.

**NOW THEREFORE LET IT BE RESOLVED THE NORMAN HOUSING AUTHORITY BOARD OF COMMISSIONERS APPROVES RESOLUTION NUMBER NHA 06-07-020.**

PASSED AND ADOPTED THIS 18<sup>th</sup> DAY OF JUNE, 2007.

SEAL



Chairperson

ATTEST:



Executive Director

**BOARD OF COMMISSIONERS**

Jeff Cummins, Chairperson, Marianne Ratliff, Vice Chairperson

Mike McDaniel, Commissioner, Lorrie Gavin, Commissioner, Richard McKinney, Commissioner

## Capital and Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011**

<b>Part I: Summary</b>		Norman, Cleveland County, OK		<input checked="" type="checkbox"/> Original 5-Year Plan	X Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
A.	OK 139 Norman Housing Authority					
B.	Physical Improvements Subtotal	192,400		173,000	194,000	191,000
C.	Management Improvements	19,600	31,000	12,000		15,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration	0	8,000	6,000	6,000	
F.	Other					
G.	Operations	25,000	25,000	25,000	25,000	
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	237,000	237,000	237,000	237,000	237,000











Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: FFY of Grant Approval: 2010	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950110 Replacement Housing Factor Grant No: Date of CFFP:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Line</b> <b>Summary by Development Account</b>		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
		Total Estimated Cost <sup>1</sup>	Total Actual Cost <sup>1</sup>
		Original	Obligated
		Revised <sup>2</sup>	Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	30,000	
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)	4,556	
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	203,734	
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
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Part I: Summary		FFY of Grant: 2010	
PHA Name: <b>NORMAN HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: OK56P13950110 Replacement Housing Factor Grant No: Date of CFFP:	<input checked="" type="checkbox"/> FFY of Grant Approval:  <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Summary by Development Account <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line	Original	Revised <sup>2</sup>	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	238,290	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>	<b>Date</b> <i>6/30/10</i>	<b>Signature of Public Housing Director</b>	
		<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2010</b>	
PHA Name: NORMAN HOUSING AUTHORITY		Capital Fund Program Grant No: OK56P13950110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost
				Original	Revised <sup>1</sup>
				Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
AMP 1	Kitchen / Bath Rehab	1460	203,734		
TOTAL				238,290	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
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OMB No. 2577-0226  
Expires 4/30/2011

<b>Part I: Summary</b>				
<b>PHA Name:</b> NORMAN HOUSING <b>AUTHORITY</b>		Grant Type and Number Capital Fund Program Grant No: OK56SU3950109 Replacement Housing Factor Grant No: Date of CFFP:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/2009 <b>Line</b> <b>Summary by Development Account</b>		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report		
		<b>Original</b>	<b>Total Estimated Cost</b> <sup>1</sup>	<b>Total Actual Cost</b> <sup>1</sup>
		<b>Revised<sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFFP Funds			
2	1405 Operations (may not exceed 20% of line 2) <sup>3</sup>			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement	12,524	60,510	60,510
10	1460 Dwelling Structures	225,414	225,414	225,414
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures	47,986	0	215,956.75
13	1475 Non-dwelling Equipment	15,000	15,000	15,000
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities <sup>4</sup>			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2009 - ARRA		
PHA Name: <b>NORMAN HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: OK56513920109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:		
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/2009		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated
Original	Revised <sup>2</sup>	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA			
18a	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	300,924		
20	Amount of Annual Grant... (sum of lines 2 - 19)	300,924		
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Date <i>6/20/10</i>	Signature of Public Housing Director	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number Capital Fund Program Grant No: OK56S13950109 CFFP (Yes/No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009-ARRA				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	Status of Work
				Original	Revised <sup>1</sup>			
OK56P139001	LOBBY FURNISHINGS	1475	5 LOBBIES	15,000	19,782.50	19,782.50	19,782.50	Complete
OK56P139001	HVAC REPAIR & ADDITIONS	1460		60,000	72,206.25	72,206.25	62,749.00	Ongoing
	INSTALL NEW & REPLACE EXISTING APARTMENT LIGHTS	1460		36,400	45,866.00	45,866.00	45,866.00	Complete
OK56P039002	SIDEWALK & PARKING REPAIR	1470		47,986	38,467.25	38,467.25	10,791.00	Ongoing
	REPLACE WINDOWS	1460	44 UNITS	54,971	54,971.00	54,971.00	54,971.00	Complete
	LANDSCAPE & DRAINAGE REPAIR	1450		12,524	8,800.00	8,800.00	8,800.00	Complete
OK56P139003	REPLACE WINDOWS	1460	38 UNITS	74,043	60,831.00	60,831.00	60,831.00	Complete
TOTAL				300,924	300,924.00	300,924.00	263,790.50	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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**Part III: Implementation Schedule for Capital Fund Financing Program**  
**PHA Name: NORMAN HOUSING AUTHORITY**

Development Number Name/PHA-Wide Activities		All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FFY of Grant: 2009 - ARRA	
Development Number Name/PHA-Wide Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	Reasons for Revised Target Dates <sup>1</sup>		
OK56P039001	2/2009		10/2010			Weather	
OK56P139002	2/2009		10/2010				
OK56P139003	2/2009		10/2010				

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009 CFP - NON ARRA FFY of Grant Approval: Date of CFP:	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account		Total Estimated Cost	Total Actual Cost <sup>1</sup>
Line		Original	Obligated
1	Total non-CFP Funds	Revised <sup>2</sup>	Expended
2	1406 Operations (may not exceed 20% of line 2) <sup>3</sup>	25,000	0
3	1408 Management Improvements	6,000	0
4	1410 Administration (may not exceed 10% of line 2)	8,000	0
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000	0
10	1460 Dwelling Structures	183,734	0
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
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Part I: Summary		FFY of Grant:2009 - NON ARRA		
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK5GP13950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost	Revised <sup>2</sup>	Obligated
Line	Original	Revised <sup>2</sup>	Expended	Total Actual Cost <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA			
18a	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant... (sum of lines 2 - 19)	237,734	0	
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 304 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	26,000	0	
Signature of Executive Director		Date <i>1/30/10</i>	Signature of Public Housing Director	
Date				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950109 CFFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2009 CFP - NON ARRA			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>2</sup>	Status of Work
Original	Revised <sup>1</sup>	Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
HA WTDE	LAWN TREATMENT & CARE	1450		13,000	0		
	STAFF DEVELOPMENT	1408		6,000	0		
	OPERATIONS	1406		25,000	0		
	ADMINISTRATION	1410		8,000	0		
OK56P139001	WATER CONSERVATION RETROFIT	1460	91	2,000	0		
OK56P139002	INSULATION OF UNITS	1460	38	12,000	0		
	ROOF & SIDING REPAIR	1460	38	97,734	0		
	LANDSCAPE WORK	1450	1	1,000	0		
OK56P139003	INSULATION	1460	38	12,000	0		
	ROOF & SIDING REPAIR	1460	38	60,000	0		
	LANDSCAPE WORK	1450	1	1,000	0		
TOTAL				237,734	0		

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval:	
PHA Name: <b>NORMAN HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: OK56P13950108 Replacement Housing Factor Grant No: Date of CFFF:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 2/2009	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Actual Cost <sup>1</sup>	
Line	Summary by Development Account	Original	Obligated
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	28,000	66,734.00
3	1408 Management Improvements	8,000	0
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition	27,734	0
9	1450 Site Improvement		
10	1460 Dwelling Structures	165,000	171,000
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	9,000	0
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2008			
PHA Name: <b>NORMAN HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: OK56P13980108 Replacement Housing Factor Grant No: Date of CFP:	<input checked="" type="checkbox"/> FFY of Grant Approval:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expendited
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant... (sum of lines 2 -19)	237,734	237,734	25,000	25,000
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date <i>2/20/10</i>	Signature of Public Housing Director <i>2/20/10</i>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

<u>Part II: Supporting Pages</u>		Grant Type and Number Capital Fund Program Grant No: OK56P13950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
				Original	Revised <sup>1</sup>		
HA WIDE	TRAINING	1408		8,000	0		
	OPERATIONS	1406		25,000	66,734	25,000	Ongoing
	UNIFORMS	1406		3,000	0		
	FENCE REPAIR	1450		11,734	0		
	LAWN EQUIPMENT	1475		2,000	0		
	MISC. MAINTENANCE TOOLS	1460		2,000	0		
	LAWN TREATMENTS & MOWING	1450		15,000	0		
OK56P139001	HALL & LAUNDRY A/C	1460	12	60,000	0		
	CLEAN DUCTS	1460		80,000	0		
COMMON AREA	ADDITIONAL INTERIOR LIGHTING	1460	91	25,000	0		
	LOBBY FURNISHINGS	1475	2	5,000	0		
	LANDSCAPING	1450		1,000	0		
OK56P139002	TUB REPLACEMENT / REPAIR	1460		0	171,000	Ongoing	
OK56P139001							
Total				237,734	237,734	25,000	25,000

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2007 FFY of Grant Approval:	
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56GP13950107 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
	Original	Revised <sup>2</sup>	Obligated Expended
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	61,847.24	58,931.00
3	1408 Management Improvements	7,418.09	7,531.94
4	1410 Administration (may not exceed 10% of line 21)	8,000.00	6,465.19
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	9,615.85	13,953.05
10	1460 Dwelling Structures	118,438.82	118,438.82
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment	13,909.00	13,909.00
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities <sup>4</sup>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary		FFY of Grant:2007 FFY of Grant Approval:	
PHA Name: <b>NORMAN HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: OK5GP13950107 Replacement Housing Factor Grant No: Date of CFFF:		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <b>Line</b> <b>Summary by Development Account</b>		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost <sup>1</sup>
	Original	Revised <sup>2</sup>	Obligated Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant... (sum of lines 2 - 19)	219,229	219,229
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
<b>Signature of Executive Director</b>		<b>Date</b> <i>6/30/07</i>	<b>Signature of Public Housing Director</b> <i>[Signature]</i>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

**Part II: Supporting Pages**

PHA Name: NORMAN HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: OK56P13950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated <sup>2</sup>	Status of Work
Original	Revised <sup>1</sup>	Original	Revised <sup>1</sup>	Funds Expended <sup>2</sup>	Original	Original	
HA WIDE	ADMINISTRATION	1410		5,000	0		COMPLETE
	OPERATIONS	1406		61,847.24	58,931.00	58,931.00	COMPLETE
	NEW COPIER	1475	1	15,000.00	13,909.00	13,909.00	COMPLETE
	COMPUTER & PHONE UPGRADE	1408	6	6,327.09	7,531.94	7,531.94	COMPLETE
	LAWN EQUIPMENT	1475	0				
	TRAVEL/TRAINING	1410		3,000.00	6,465.19	6,798.19	COMPLETE
	LAWN TREATMENT & MOWING	1450		9,615.85	13,953.05	13,953.05	COMPLETE
OK56P139002	TUB REPLACEMENT/ REPAIR	1460	31	50,725.00	50,725.00	50,725.00	COMPLETE
OK56P139001	INTERIOR PAINTING/ REPAIR	1460		25,376.32	25,376.32	25,376.32	COMPLETE
OK56P139001	EXTERIOR PAINTING/ REPAIR	1460		42,337.50	42,337.50	42,337.50	COMPLETE
<b>TOTAL</b>					<b>219,229</b>	<b>219,229</b>	<b>219,229</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 4/30/2011

Part I: Summary				
PHA Name: NORMAN HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P13950106 Replacement Housing Factor Grant No: Date of CFFP:	<input type="checkbox"/> FFY of Grant:2006 CFP <input type="checkbox"/> FFY of Grant Approval:  <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Reserve for Disasters/Emergencies		
Line	Summary by Development Account	Total Estimated Cost	Original	Revised <sup>1</sup>
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant: (sum of lines 2 - 19)	234,242.00	234,242.00	234,242.00
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
		<i>3/2/07</i>		
<input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Final Performance and Evaluation Report <i>Sabrina, Sat., 3/2/07</i> <input type="checkbox"/> Total Actual Cost <sup>1</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 4/30/2011

<b>Part II: Supporting Pages</b>		<b>Grant Type and Number</b>		<b>Federal FFY of Grant: 2006</b>			
PHA Name: NORMAN HOUSING AUTHORITY		Capital Fund Program Grant No: OK56P13950106 CFFP (Y/Yes/N>No): Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>
HA WIDE	TRAINING	1408	591.89	591.89	591.89	591.89	COMPLETE
	FEES / COSTS	1410	7,310.78	10,048.02	10,048.02	10,048.02	COMPLETE
	OPERATIONS	1406	37,708.36	37,708.00	37,708.00	37,708.00	COMPLETE
	UNIFORMS	1408	2,212.75	2,212.75	2,212.75	2,212.75	COMPLETE
	COPIER	1408	0	16,679.00	16,679.00	16,679.00	COMPLETE
OK56P139001	PARKING REPAIR	1450	14,218.70		14,218.70	14,218.70	COMPLETE
	EMERGENCY GENERATOR	1460	29,500.00		29,500.00	29,500.00	COMPLETE
	BOILER / CHILLER REPAIR	1460	25,180.78	24,590.00	24,590.00	24,590.00	COMPLETE
OK569139002	REHAB KITCHEN / BATH	1460	107,418.74	88,593.64	88,593.64	88,593.64	COMPLETE
	SECURITY LIGHTS	1460	10,100.00		10,100.00	10,100.00	COMPLETE
<b>TOTAL</b>						<b>234,242.00</b>	<b>234,242.00</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



